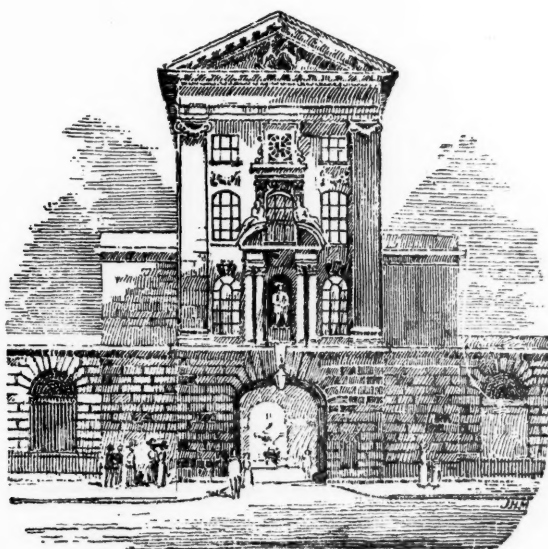


APR 19 1926

# ST BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXIII.—No. 7.

APRIL, 1926.

[PRICE NINEPENCE.]

## CONTENTS.

	PAGE
Calendar ... ..	97
Editorial Notes ... ..	97
Obituary ... ..	98
Myth, Phantasy and Mary Rose. By W. Langdon Brown, M.D., F.R.C.P. (Lond.) ... ..	98
Some Pitfalls of the Final Examination and the First Year of Practice. By W. McAdam Eccles, M.S., F.R.C.S. (Eng.) ... ..	102
Meditations of a Tonsil on being Dis- sected. By Risorius ... ..	105
Abernethian Society ... ..	105

Students' Union :	PAGE
Annual Report of Council ... ..	107
Rugby Football ... ..	108
Association Football ... ..	109
Hockey Club ... ..	110
Athletic Club ... ..	110
United Hospitals Hare and Hounds .	110
Rowing Club ... ..	111
Reviews ... ..	111
Recent Books and Papers by St. Bar- tholomew's Men ... ..	111
Changes of Address ... ..	112
Appointments ... ..	112
Births ... ..	112
Marriages ... ..	112
Deaths ... ..	112
Index to Advertisements ... ..	ii

## INDEX TO ADVERTISEMENTS.

	PAGE		PAGE
"Acoustique" ... ..	ii	Harley Street Accommodation ... ..	ix
Allen & Hanburys ... ..	viii	Holborn Surgical Instrument Co., Ltd. ... ..	xv
Alliance Drug and Chemical Co. ... ..	xviii	Hall & Sons, Ltd. ... "Ideal" Boots and Shoes ... ..	ix
Books—		Horlick's Malted Milk Co. ... ..	ix
Adlard & Son & West		Horne Bros. ... ..	xi
Newman, Ltd. ... ..	iii	Knight, John, Ltd. ... ..	iii
Baillière, Tindall & Cox		Lewin & Co. ... ..	xvii
Eccles ... ..	ix	Medical Sickness, Annuity, and Life Assurance Society, Ltd. ... ..	xix
Cassell & Co. ... ..	iv	Millikin & Lawley ... ..	xiv
Lewis, H. K., & Co. ... ..	vii	Morgan Richards & Sons, Ltd. ... ..	xviii
Livingstone & Co. ... ..	vi	Paripan, Ltd. ... ..	xix
Carnegie Bros. ... ..	vii	Parke, Davis & Co. ... ..	x
Clinical Research Department of St. Bartholomew's Hospital ... ..	xi	Prudential Assurance Co., Ltd. ... ..	xiv
Dowie & Marshall ... ..	xvii	Ronuk ... ..	xix
Down Bros. ... ..	xix	St. Bartholomew's Hospital	
Edme, Ltd. ... ..	ii	Medical College ... ..	xii
Evans & Witt ... ..	xvii	Ditto ... ..	xii
Fellows ... ..	xix	Ditto ... ..	xii
Gas, Light and Coke Co. ... ..	xvi	St. Bartholomew's Trained Nurses' Institution ... ..	xvii
Genatosan, Ltd. ... ..	xviii	Virol ... ..	x
The Fundus Oculi ... ..	iii		
The Puerperium ... ..	iii		
Publications ... ..	v		
Hernia. The Imperfectly Descended Testis ... ..	ix		
Publications ... ..	iv		
Medical Library ... ..	vii		
Publications ... ..	vi		
Surgical Dressings ... ..	vii		
Specialities ... ..	xix		
Malt and Cod-liver Oil ... ..	ii		
Booksellers, Stationers, etc. ... ..	xvii		
Compound Syrup of Hypophosphites ... ..	xix		
Cystopurin ... ..	xviii		

## DOCTORS AND THEIR DEAF PATIENTS

appreciate the guaranteed "Ardenite-Acoustique"—it helps, alleviates and improves, removing that constant strain. It is owned by its originator, who understands its manufacture and fits the individual need—there is a very wide range of distinct types to fit from. Simple in use and true-to-tone in results, for conversation, music, wireless, etc. Medical men who have tested, and those deaf who use it, are impressed by its entire elimination of vibration, its smallness and simplicity.

"Ardenite-Acoustique" has received commendation and praise from all the leading Medical Journals—*British Medical Journal*, *Lancet*, etc., and Mr. Dent will be happy to send full particulars and reprints on request or demonstrate at his address or yours or any hospital.

Mr. R. H. Dent makes a Stethoscope especially for members of the Medical Profession suffering from deafness.—Many are in use and excellent results are reported.

MR R. H. DENT'S  
**ARDENTE**  
ACOUSTIQUE

95 WIGMORE STREET, LONDON, W.1  
(Back of Selfridges). NOT A SHOP.  
Telephone: MAYFAIR 1380, 1710.  
MANCHESTER CARDIFF GLASGOW NEWCASTLE

As used in the  
Leading Hospitals.

## Edme Malt & Cod Liver Oil

A perfect blend of Malt Extract  
made from selected barleys  
only and the finest Norwegian  
Cod Liver Oil obtainable.

Rich in Vitamins.

Manufactured at our own Works  
at Mistley and Pontefract.

Send for free sample  
and Prices to Edme,  
Ltd., Broad Street  
House, London, E.C.2.

# St. Bartholomew's Hospital



"Æquam memento rebus in arduis  
Servare mentem."

—Horace, Book ii, Ode iii.

## JOURNAL.

VOL. XXXIII.—No. 7.]

APRIL 1ST, 1926.

PRICE NINEPENCE.

### CALENDAR.

Fri., April	2.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Tues., "	6.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Fri., "	9.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Tues., "	13.—Prof. Fraser and Prof. Gask on duty.
Fri., "	16.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Tues., "	20.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
<b>Last day for receiving matter for May issue of the Journal.</b>	
Fri., "	23.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Mon., "	26.—Special Subject Lecture. Mr. Harmer.
Tues., "	27.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Fri., "	30.—Prof. Fraser and Prof. Gask on duty.

### EDITORIAL.

IT is with great regret that we learn that Dr. Lovatt Evans is leaving the Physiological Department. We congratulate him very heartily, however, on his new appointment as Jodrell Professor at University College, London.

Prof. Lovatt Evans is acknowledged to be one of the most brilliant of the younger school of physiologists, and he has done highly original work on the reaction of the blood.

Last year he was very rightly rewarded by his election to the Fellowship of the Royal Society.

He has done a great deal for our Physiology Department in the few years in which he has been in charge of it; he was responsible for the construction and arrangement of the new Physiological Laboratory in Giltspur Street, and it is an adequate and permanent testimony to his well-conceived and admirably executed plans.

He has also found time to prepare for the press a new edition of Bainbridge and Menzie's *Physiology*

(that inevitable text-book), and to write an excellent book entitled *Recent Advances in Physiology*, which covers most of the new work on physiology in a lucid and interesting survey.

He has brought added distinction to our Medical College and we are very sorry to lose him. The task of the College Committee in finding an adequate successor is an unenviable one.

\* \* \*

Sir D'Arcy Power has been elected President, and Mr. Geoffrey Keynes has been chosen a member of the Council of the Bibliographical Society. The appointment of these two gentlemen shows that the *Literæ Humaniores* no longer *abhorrent a sanguine*, or look upon surgeons as *feræ naturæ*. They bring honour to a School which boasts that Charles Bernard, the great lover of books and fine bindings, was once a member of the Surgical Staff of the Hospital, though it is so long ago that he was Serjeant Surgeon to Queen Anne.

\* \* \*

At the forthcoming Election to the Council of the Royal College of Surgeons of England, no member of the Surgical Staff of St. Bartholomew's is standing for election or re-election.

Under these circumstances it is felt that all Bart.'s Fellows may feel inclined to give a vote to Mr. Warren Low, Senior Surgeon to St. Mary's Hospital, so as to secure his re-election on this occasion.

\* \* \*

The death of Dr. Hugh Ridley Prentice, which occurred at Greenwich on February 3rd, deprives the Seamen's Hospital, Greenwich, of their Medical Superintendent, and it has been suggested that as a tribute to Dr. Prentice we should ask for co-operation in connection with a fund which is being raised to provide his children with an adequate education. Contributions should be sent to Mr. Perceval Cole or Mr. Arthur Davies at 15, Harley Street, W. 1.

We very much regret to announce the death of Joseph Wilson, the Surgery Porter, which occurred in Smithfield Ward, on the 29th March. Wilson was the kindest of men, and the news of his death will bring a sense of personal loss to the many generations of Bart.'s men who knew him during his twenty-five years' service.

\* \* \*

We congratulate R. J. Brocklehurst, who has been elected to the Radcliffe Travelling Fellowship (University of Oxford). The Fellowship is to be spent in the study of medical science abroad.

\* \* \*

The following prizes and scholarships have been awarded: Luther Holden Scholarship, R. T. Payne, F.R.C.S.; Lawrence Research Scholarship, H. Burt-White, F.R.C.S.; Kirkes Scholarship and Gold Medal, H. P. Gilding; Junior Scholarships in Anatomy and Physiology, (1) A. P. M. Page, (2) A. F. Davy; Foster Prize, A. M. Boyd; Treasurer's Prize, A. P. M. Page; Harvey Prize, C. N. Evans.

\* \* \*

The following men have been nominated to House-Appointments from May 1st, 1926:

*Junior House Physicians—*

Dr. Morley Fletcher.  
Sir Percival Hartley.  
Prof. F. R. Fraser.  
Sir Thomas Horder, Bart.  
Dr. Langdon Brown.

H. A. Clegg.  
G. Day.  
H. V. Dicks.  
W. F. Gaisford.  
H. L. Wilson.

*Junior House Surgeons—*

Sir Holburt Waring.  
Mr. W. McAdam Eccles.  
Mr. L. B. Rawling.  
Prof. G. E. Gask.  
Sir C. Gordon-Watson.

J. R. Smith.  
S. J. P. Gray.  
M. G. Fitzgerald.  
H. B. Stallard.  
J. C. Hogg.

*Intern Midwifery Assistant (Resident)*

*Intern Midwifery Assistant (Non-Resident)*

D. A. Brigg.  
H. F. Hiscocks.

*Extern Midwifery Assistant*

D. V. Hubble.\*

*H.S. to Throat and Ear Departments*

N. Chilton.†

*H.S. to Ophthalmic Department*

H. B. Savage.

*H.S. to Venereal and Skin Departments*

J. G. Milner.

*H.S. to Orthopaedic Department*

J. E. Church.\*

*Resident Anaesthetists*

R. S. Johnson.†  
L. V. Pearson.  
W. F. Cooper.  
R. H. Bettington.

\* 3 months, May. † 3 months, August.  
All others for 6 months.

## OBITUARY.

M. W. B. OLIVER, M.A., M.B., F.R.C.S.

WE much regret to record the sudden and early death of Matthew William Baillie Oliver on February 6th from pneumonia. Born in 1882, he was a descendant of the famous morbid anatomist, Matthew Baillie, M.D., F.R.S. From Cheltenham Oliver went to Trinity,

Cambridge, and thence to Bart.'s, where he was Ophthalmic House Surgeon in 1906, later becoming Chief Assistant in that Department and at Moorfields.

While at Bart.'s he was "one of the keenest and hardest-working forwards of the Rugby XV."

In 1914 he obtained the F.R.C.S.(Eng.) diploma. In France he was Temp.-Major R.A.M.C., was mentioned in despatches, and received the O.B.E., and after the war did useful plastic work on the orbit at Sidcup.

Among many subsequent appointments he was Surgeon to the Central London Ophthalmic Hospital.

We publish part of a letter we have received:

"With each generation that comes up to the Hospital for their four or five years, there are sure to be a few men who will continue to be remembered afterwards, and such a one was M. W. B. Oliver. . . . Known by the odd endearment of "Bubbles" to his many friends, it may be truthfully said of him that he never had an enemy. . . . He was often to be seen at the R.A.C. playing a violent game of squash-rackets with more energy than skill, then after swimming a length or two of the bath he would hurry off to some other engagement. Although just past his 44th year, he continued to play games, golf, tennis, squash-rackets and swimming with enthusiasm. It is possible that the strain of this played a part in the fatal termination of his last and only illness. His kindness to all sorts of people was proverbial. . . ."

## MYTH, PHANTASY AND MARY ROSE.\*

**T**OWARDS the end of the last glacial epoch, when civilization was just dawning round the group of Mediterranean lakes, the increasing mildness of the climate wrought an enormous disaster. For the melting ice so raised the level of the ocean that the Atlantic burst through the Pillars of Hercules and flooded these lakes, converting them into an inland sea, overwhelming the inhabitants. Of this there is ample geological evidence. We may justly infer that survivors climbed up on to the higher surrounding ground, for everywhere around that flooded area we find the legend of the Deluge, differing locally according to local experiences. Thus the Greek version differs substantially from the Jewish. I would suggest that some of those survivors, who reached the highlands of Asia Minor and established the Empire of Sumeria, did so by the aid of some primitive raft or boat, accompanied by their domestic animals, and thus gave rise to the story of the Ark.

\* Being part of a lecture delivered to the Abernethian Society.

The first point I wish to make, at any rate, is that behind the myth there is generally a fact, mingled with a phantasy. The next is that myth is particularly apt to arise at some time of national danger and distress, when men's imaginations are keenly aroused. Such myths may be more potent when tradition is oral and not written, yet remembering such recent history as the Great War, one hesitates to affirm so much. For in a sceptical age, amid the clamour of the daily press, arose such legends as the Angels at Mons, the Russians pouring from Archangel through England on their way to the Western front, and Kitchener resurgent from the sea as Kerensky or Korniloff—it mattered little which.

The Greeks were the greatest of myth-makers, just because they had the gift of a supreme literary style, which has ensured the permanence of their legends. But it has been left to the present generation to exhume the historical basis of those myths which had been in existence for 3000 years. Excavations at Crete, Mycenæ and Troy have revealed indisputable evidence that the stories of the Greek Heroes symbolize and epitomize the struggles between the older Minoan civilization in the south and the invaders from the north. In this way arose such myths as the Minotaur. The bull was the national symbol of Crete, and the excavation of the palace of Cnossus has revealed his emblems everywhere; the whole palace is his labyrinth. The Athenians represented him as a cruel monster, demanding every seventh year his toll of Athenian youths and maidens. This merely means that for a time the Cretans levied tribute on the Athenians. The story of the Argonauts represents the efforts of the invading races from the North to trade and colonize along the Dardanelles and up to the Black Sea, which followed the destruction of the Mycenaean civilization of Troy. The fight between Pallas Athene and Poseidon to decide who should be the tutelary deity of Athens has a similar significance, for Poseidon as the Sea King represented the naval power of Crete, and his defeat by Athene symbolizes the waxing of Athenian power.

We must always remember that between the earlier Minoan or Mycenaean civilization and the classical age of Greece there was a gulf as deep and as dark as that which separates the fall of Rome from modern civilization. In that dark interval, the author, or, more probably, authors of the Homeric poems sang of glories they had never seen. That this earlier civilization was of a high grade we have abundant evidence in their palaces, their jewels and pottery. Their women folk wore a costume remarkably like that worn about thirty years ago, fitting tightly round the waist, and below this a bell skirt with about five rows of flounces. Their sanitation was admirably modern. But by 1000 B.C.

all this had perished, and when the author of the *Odyssey* describes the return of Ulysses to his ancestral home we read of his faithful dog lying on a dung-heap before the front door of his palace; he tells us that Nausicaa, a King's daughter, was doing her own laundry work. The people of Homer's time had no idea of the style in which their predecessors had lived; they figured them as living under the simple conditions that they themselves knew, merely exaggerating the size of things. Just so Daisy Ashford in *The Young Visitors* pictured a peer living in "compartments" in the Crystal Palace, with strawberry ices for staple diet. The imaginings of primitive people and of childish minds are remarkably similar. But the important thing for us to realize is that these myths are based on facts and distorted by phantasy, just as the stories children make up are based on their own experience, similarly distorted. It has been well said that the dream is the myth of the individual life, and the myth is the dream of the national life. Certain it is that the dream assumes special intensity and significance when conflict occurs within the individual, just as the myth most readily springs out of national conflict.

Phantasy is a day-dream, arising like the ordinary dream out of the unconscious, and, like it, is often aroused by internal conflict, expressing unfulfilled desires. "Man is essentially an image-maker, but it is his human prerogative. In most animals, who act from what we call instinct, action follows on perception mechanically with almost chemical swiftness and certainty. In man the nervous system is more complicated; perception is not instantly transformed into reaction; there seems to be an interval for choice. It is just in this momentary pause between perception and reaction that our images, *i. e.* our imaginations, our ideas, in fact our whole mental life is built up. We do not immediately react, *i. e.* we do not immediately get what we want, so we figure the want to ourselves—we create an image. If reaction were instant, we should have no image, no representation, no art, no theology. In Greek mythology we have enshrined the images fashioned by the most gifted people the world has ever seen, and these images are the outcome, the reflection of that people's unsatisfied desire" (Jane Harrison).

It follows that in works of imagination we are very likely to find traces of the unconscious mind of the author, and that these are likely to appeal to a wide audience in proportion to the extent they resume and symbolize things of universal experience. Some of them, like Stevenson's *Dr. Jekyll and Mr. Hyde*, are admitted to have originated in a dream. This particular story shows another characteristic of a dream—the condensation of two characters into a single

personality. Sir D'Arcy Power tells me that Dr. Jekyll is a composite portrait of the late Dr. Radcliffe, of Cavendish Square, a man of fine presence, whose whole appearance was at times transformed by anger, and the late Dr. Anstie, of Welbeck Street, who was always experimenting on himself with drugs.

But I think that phantasy from the unconscious is a more common origin of imaginative works than dreams. Anthony Trollope did his own reputation as a novelist enormous harm by representing his writing as a purely business task which regularly followed his breakfast and his morning pipe. Much of his work is, in my opinion, of too subtle a character to make this likely; but the public resentment of such a mechanical origin was based on a sound if unrecognized feeling that this is not the way that literature is produced. That many novels can be thus written I am fully prepared to believe, but not Trollope's.\*

That novelists may fail to recognize the source of inspiration in their own unconscious was demonstrated to me by a friend of mine, a woman novelist. To anyone who knew her upbringing and her family environment her reaction to them is sufficiently obvious in her stories, but she herself indignantly and, I believe, sincerely denies that any of her characters are drawn from life. She wrote to her sister saying that she hoped she did not think that a certain character was her portrait, as had been alleged. Her sister very neatly replied: "My dear, I am much too conceited to see myself in any of your stories." Yet to me the portrait seemed life-like.

Schubert said: "My music is the product of my pain—and that which has cost me the most pain to produce the world seems to have the most pleasure in listening to." His "Unfinished Symphony" is an obvious example of this, and the fact that it is unfinished expresses his failure to resolve the conflict it describes. Mr. Baldwin's striking description of "the drum-taps of destiny" in Beethoven's fifth symphony illustrates the same idea, but here the composer escapes from the mocking goblin music of the third movement into the triumphant finale.

For the physiologist, then, imaginative works of art spring from a failure of conditioned reflexes to achieve their purpose, and for the psychologist they express internal conflict. They are a house of defence. I have said elsewhere that the difference between a machine and a man lies in this. The more complicated the former is the more completely can it be arrested by a trivial defect, while a man confronted by obstacles which may

appear overwhelming and crushing to the outsider, can turn them to advantage and make something fine out of his very difficulties. The satisfied man is not likely to be an artist. Morley Roberts has openly declared that his novels spring from dissatisfaction. The old wish, "Oh that mine enemy would write a book," assumes a new meaning now that the psychologist has provided us with a key which unlocks many things which the author imagines are safely hid. And I maintain that for the doctor to regard novels from this point of view is not merely playing the part of Peeping Tom. On the contrary, it will often help him to divine the hidden or unconscious motives in his patients and their friends in a way which will materially increase the usefulness of his work.

The old psychology started from the premise that man is a rational being, while the new merely regards him as in the process of becoming so. Consequently the old psychology conspicuously failed to help medicine, whereas the new is already fruitful in results. Yet the old Stoic philosophy had the root of the matter in it, for, as Gilbert Murray tells us, "Stoicism does not really make reason into a motive force. It explains that an impulse of physical or biological origin rises into the mind, prompting to some action, and then reason gives or withholds its assent." Unfortunately reason is not always a sufficiently powerful censor. H. G. Wells put it forcibly when he said: "The substance of man is ape still. He may carry a light in his brain, but his instincts move in the darkness. Out of the darkness he draws his motives."

The new psychology is in effect based upon the old biological law of recapitulation. Every animal has to climb up his own genealogical tree, and the higher he climbs the more difficult this becomes. Every step in development demands some break with the past. If we retain some atavistic trait this step may be impeded or impossible. The child with congenital heart disease can lead a normal intra-uterine existence, but the first breath he draws as a separate individual brings him up sharply against his incapacity. It is the same with his psychological development. To see things as they are is the task of growing up. To a certain extent we all tend to grow up in patches. Sir Arthur Keith has recently made the profound remark that the tendency to carry youthful characters into adult life has played a large part in the evolution of human races. He was speaking at the time of the variations which differentiated man from the anthropoids, and which first appeared in foetal or young apes; but, like many of his remarks, it has a much wider application. This power of carrying youthful characters into adult life turned an ape into a man, but just as it may be a source of strength, so it

\* Here the lecturer interposed a quotation from E. F. Benson, in which the novelist ascribes to the subconscious mind the origin of some of his creative work.

may become a besetting weakness. Its function is to maintain a plasticity out of which higher characteristics can be moulded; its weakness is that the childish or primitive attitude death may persist. As ever, evolution offers a higher or a lower path. Failure to adapt physically leads to disease; failure to adapt psychically lies at the root of much unhappiness. This failure may express itself in one of several forms of atavistic thinking.

Thus under stress of emotion there may be, in effect, a return to the savage's belief in magic. The savage always attributes death to murder or magic. A few years ago a lady had the pleasure of paying £100 damages to her doctor for alleging that he had murdered her husband. A little appreciation of the reality principle would have convinced her that, putting it at its lowest, there are good and sufficient reasons why a doctor would not murder a patient who was a distinguished baronet. That is not the way practices are built up or maintained. The poor lady in the grief of her bereavement reverted to a primitive method of thinking. As recently as Tudor times allegations of poisoning followed every royal death, except where that death was clearly due to the executioner's axe. Well, we have outgrown that stage.

Another atavistic belief is in the omnipotence of thought. The savage believes he has only to want a thing badly enough for it to become true. In the same way the psycho-neurotic easily convinces himself that what he wants has come true, and closes his eyes to anything which would conflict with that idea. Thus he loses touch with reality.

But most commonly we see atavism in the fixation of some childish attitude of mind. What is normal for one epoch of life is abnormal for another. Let me deal with father fixation first. At a certain stage the father represents the idea of omnipotence to the child. "What do you think God is like?" said one little girl to another. "Rather like my daddy," said the other. "Like *my* daddy you mean," was the indignant reply. It is hardly necessary to say that this is a transient phase. The inability of most fathers to live up to such an ideal is too obvious. What is the reaction of a psycho-neurotic who has to face this failure? He very often will not give it up, but concludes that his alleged parent is really not his father. Only someone very much greater could have begotten such a wonderful being as himself. Thus, for Alexander the Great, not even Philip of Macedon was distinguished enough for a father, and he came to believe that he was the son of the god Ammon-Ra. In milder degrees such phantasies are quite common. Take one which came to my notice. A foundling grew up to be a gardener and married one of the servant-maids of the house. Their child was

given a very good start by her employers, who thought highly of her. He rose to a successful position in the City, and then became convinced that his unknown grandfather must have been a very distinguished person. He pitched on the most aristocratic family in the neighbourhood where his childhood was spent, convinced himself that one of them was his grandfather, and to this day actually uses their family crest as his own!

But the next stage in evolution was the father as "the old man of the tribe." Fixation at this stage of thought produces a more unpleasant reaction. For the old man of the tribe excited jealousy and rebellion. This jealousy is often seen and may become intense. It is not too much to say that an important factor in exciting the outbreak of the Great War was the jealousy between a megalomaniac father and a degenerate son—surely the most disastrous effect of a reversion to the cave-man's way of thinking that the world has ever seen. Minor degrees of such reactions are quite common, and in many a household there is a veiled and often comparatively harmless conspiracy of the mother and sons against the father, by means of which the old man is successfully fooled.

There is another interesting aspect of the father-complex. Said Voltaire: "God made man in His own image, and man hastens to return the compliment." The disappearance from theology of an angry, jealous Jehovah who had to be placated, and the disuse of the term "God-fearing" as a term of approbation, I attribute to the almost complete disappearance of the autocratic, overbearing Victorian father. His maleficent influence can still be seen, however, in the psycho-neuroses of his unfortunate offspring.

Mother-fixation is another fruitful cause of psycho-neurosis. Dependence on the mother, normal during a certain stage of life, becomes pathological if it persists as the child grows up. Even if he escapes from it, such an individual merely seeks a substitute.

It really seems that the only happy marriage possible for a man in the toils of this complex is with a maternal cousin. Such a union may be very successful; Charles Darwin was an illustrious example of this. The death of the mother does not diminish the fixation; rather, it increases it by attaching to it an immortal memory. I have encountered painful examples of this in my practice, and it is well portrayed in Middleton Murry's novel, *The Things we are*. The cardinal feature has been described as "an inability to adapt to situations requiring any independence of thought and action," but it has many repercussions. Mother-fixation is usually accompanied by more or less of that hostile reaction to the father I have referred to. In girls the position

tends to be reversed—dependence on the father and hostility to the mother. I believe this complex will be found to enter into most cases of anorexia nervosa in girls. And behind anorexia nervosa there is always lurking the shadow of dementia præcox, the most disastrous consequence of a failure to grow up. For all these reactions the parents are probably the most to blame; they may fail to steer the due course between curbing egoism and encouraging independence—not an easy course, as many of you will find within the next ten years. Sooner or later any fixation leads to regression. Life cannot be static; either we must progress or regress. Some animals evade the struggle for existence by degeneration. Regression is the psychological parallel which attends the attempt to escape from reality. Involution is the physical change in old age which brings a mental change with it—that senile obstinacy which, as Clifford Allbutt said, “seems like mellow wisdom to its possessor.” But regression is a psychological change which may occur at any age; it leads to a more and more infantile mode of thinking as the retreat from reality increases, till in extreme cases, amounting to dementia, the patient may even adopt the posture of the fœtus *in utero*. For a beautiful description in literature of regression I refer you to Stevenson’s *Will o’ the Mill*.

(To be continued.)

W. LANGDON BROWN.

### SOME PITFALLS OF THE FINAL EXAMINATION AND THE FIRST YEAR OF PRACTICE.\*

**I** HAVE chosen for my simple talk with you this afternoon some of the pitfalls of the final examination and some of the pitfalls of the first year of practice.

If, after my address, you have found I have illumined the edge of some of these dark and unknown pits, I shall be ever so pleased to have been of even that service. If you should come to the conclusion you knew of, and have guarded against, any or all of the traps to which I have alluded, I can then but realize you are of sounder common sense than I was nearly forty years ago!

\* Being part of an address delivered to fourth and fifth years’ students and recently-qualified practitioners at the British Medical Association House on February 25th, 1926.

#### THE PITFALLS OF THE FINAL EXAMINATION.

Let us start with the pitfalls of the final examination. One of the most profound pitfalls in the final examination is to have forgotten largely the facts imbibed in the preceding three years. Take anatomy, for instance. It is a concrete science in the main, but its details have a very tiresome habit of slipping clean from one’s memory, and particularly aggravating is this circumstance when faced with an anatomical problem in the final examination.

I do not think it unwise to advise that two hours should be spent consistently each week on clinically applied anatomy during the fourth and fifth years of the curriculum. And remember anatomy is not only essential for the surmounting of the paths of the final examination, but is equally essential when dealing with the living human subject in practice.

All final examinations have at least two parts—written papers and oral questions and answers, the latter including usually clinical and other practical examinations.

Let us consider the written paper first of all.

It is the means whereby the examiner can estimate the worth of an unseen candidate, who has been, shall we say, calmly and deliberately in the quiet and repose of the examination room putting on paper his ideas of what should constitute an answer to the several questions.

The first pitfall of an examination paper is a failure to grasp fully the questions asked. I have even known an excellent answer on the sheets handed in, but not to any of the questions which appeared on the paper. In other words, the candidate had read the question entirely wrongly. Obviously such a mistake does not lead to any marks, which are essential for success.

The next pitfall is to spend far too long on the answer to a question which happens to be well-known to the candidate. Better, far better, to give a short, concise reply to each of the questions demanding an answer, than a kind of essay on one running to many pages, and to omit any reply to one or even two of the others. Another pitfall is to make your series of answers unattractive to the examiner who has to peruse your writing. Examiners are but human; they get tired like other people; they may have to work against time, and many factors in the manner in which the replies are written will tend to help the candidate to satisfy the one who must be satisfied. Good paragraphing, skilful underlining, even with coloured pencils, simple illustrative drawings and legible writing all make for success.

I have to my cost at 1 a.m., after some hours of paper reading, met the effort of a candidate for

the final in the shape of some twenty closely and badly written pages, in which there was no break of any kind, where the reply to the next question began on the same line as the answer to the preceding one! How he passed his previous examinations remains a mystery!!

To learn how to write a paper is truly valuable, and the art is not sufficiently taught in the schools.

Leaving the written paper and coming to the clinical examination, it is important to remember that much store is set by this part of the test, for after all it exhibits how you will examine a patient in practice, and prove or not your ability to draw accurate conclusions from clinical observations.

Do not think that cases for the final examination are selected for their rarity; believe me, most of them for a qualifying examination are of a simple, straightforward nature. To diagnose, for instance, that an irreducible femoral hernia is a lymphangioma is to court disaster. A truly trying pitfall is to examine a difficult child. To cause it to weep may be fateful. Try and gain its confidence before you proceed to examine it for its lesion. How foolish are some candidates when, told to find out whether a child has early tubercle of the right hip-joint, they proceed to handle the affected side before they have fully investigated the sound limb. You can score quite a number of marks by a proper method of investigation, even if you fail to come to an accurate diagnosis.

Always carry the more common instruments for a clinical examination into the room with you, for an examiner will then perceive that you are a forearmed investigator.

For instance, an electric torch is far better than the old-fashioned match. True, the torch in a darkened room will trans-illuminate the palm of the hand, but the match may burn your fingers and the patient's skin.

In a final in surgery you are likely to have a real examination in operative surgery, or the same in dumb show, and either may be disconcerting. Let me give you a few examples of the pitfalls into which I have myself, when an examiner, seen candidates fall. When you have to perform an amputation be sure to bring a saw from the instrument table, for it is very trying when the moment for sawing the bone comes, and your watching examiner remarks, "What is your next step?" and the saw is missing.

I remember casually making this remark to a rather pompous candidate, and I had to give him some marks, for his prompt reply was, "My next step, Sir, would be into the kitchen for the meat-saw!"

Talking of amputations, it is not helpful towards passing the test, or in a living person for the patient, for the flaps to be made on the part which is to be

removed. This means a second amputation higher up the limb, a loss to the patient, or an almost certain loss of letters after your name.

I shall never forget another over-careful candidate who showed me the basilic vein which he was going carefully to avoid when told to tie the brachial artery in the middle of the arm. The artery after incision of the deep fascia was retracted outwards with the biceps, causing a fruitless search for the blood-vessel. The perspiring candidate—for it was a hot summer's day—in desperation cut through the deep fascia again now from its deep aspect, and once more exposed the alluring basilic vein, and tied it after all, and departed happily! I gave him some marks for his primary avoidance, but not enough to allow him loose on the public! I am quite certain that in the final examination in both medicine and surgery there should be a test in anatomy, and that test should be on the living subject.

In surgery, a mediocre knowledge of anatomy is often a cause of failure. Here is a pitfall. The candidate is asked, "A man puts his hand through a pane of glass and divides the tendons and nerves on the front of the wrist. How would you distinguish between the severed end of a flexor tendon and the cut surface of the median nerve?" Well, the answer is quite simple provided you have not forgotten the essential anatomy of the part.

One budding medical practitioner who did not have this question put to him in his final shortly after commencing practice sutured the proximal end of a flexor tendon to the distal end of the median nerve, and the functional result was *nil*, but the practical result was an award of £200 damages against him—but that was in the last century. I must now turn to

#### THE PITFALLS OF THE FIRST YEAR AFTER QUALIFICATION.

Many of you may go into practice either as an assistant to another practitioner, or on your own. The ills to which human flesh is heir are so various, it is a toss-up as to what may be the lesion exhibited by your first patient. But here is a possible primary pitfall. I hope you will forgive the alliteration!

Your diagnosis and treatment of that first patient may literally make or mar your professional career.

Diagnosis is essential to efficient treatment. Diagnosis, at any rate in one's first year, requires full and careful examination. And even in this thorough examination there is a pitfall. Your patient may be averse to it, and think your principal a far more clever practitioner than yourself, because he is able to make the diagnosis without all the "fuss" the patient thinks you are making over it. Still, better to run the risk of

being thought a simpleton than to miss the actual condition from which the patient is suffering. Let me give you an example.

A very well qualified man was called to his first case, an old man of 80, the messenger saying that the patient had "gastritis." He went, found the patient had vomited several times, but the old gentleman said that had happened on several occasions when he had previously had gastritis. He resented even the suggestion of the examination of his gastric area, and so the practitioner merely made a cursory inspection and palpation of the upper abdomen. The patient died two days later, having continued to have the symptoms of the so-called gastritis, but a post-mortem examination revealed a partial enterocele in the right femoral region. Such a condition is assuredly difficult to diagnose, but it is unforgivable to fail to examine the hernial apertures in every case of quasi-gastritis.

Here is quite another instance of an early pitfall. A young mother, with a first baby, is greatly distressed by the peevishness of her infant, and concludes the cause is "teething," and baby should be helped by the *new* doctor—ever so clever a man by reputation. Alas, the simple question by the mother, "Doctor, which tooth should baby cut first, and when should it come?" floors the young medico, and his hesitation and quibble in reply lowers his prestige to zero, and the "old family doctor" is again called in.

I know another instance in which a practitioner in his first year of practice spoils his chances of success by real carelessness in using a strong carbolic-acid lotion instead of collodion in covering up a wound of a finger, with resulting gangrene of the digit, with consequent persistent rumours of incompetence and necessity for removal to a new sphere. This type of persecution is, of course, rare, and very hard, but the pitfall which occasions it should be avoided.

Another pitfall which should be known and shirked is the danger of depreciating one's own knowledge and worth. Maintain dignity and position, but with the utmost gentlemanliness and tact.

I can remember two instances in which it was difficult to do so. One in which a fond mother introduced her young medical son to a patient of the firm, the father being away and the son taking his place, with the words, "This is my baby"!

The other in which I took, temporarily, many years ago, my late father's general practice under similar circumstances, and a haughty octogenarian dame greeted me, when at her bedside with my best clinical manner, "Well, young man I knew you when you were in knickerbockers; what can *you* do for me now your father is away?" Fortunately I stood on my dignity,

discovered adroitly what my father had been in the habit of doing and of prescribing, and went one better, and gained much *kudos*!

Always avoid the pitfall of masterly inactivity. There is hardly anything a patient or a patient's friends dislike more than a doctor who "does nothing," does not make a diagnosis, does not give any medicine, does not even look at the tongue and count the pulse.

Another pitfall that can be avoided is that of buying a whole mass of unnecessary material at the start of practice. It is astonishing how much money can be expended on impedimenta of the most useless kind. I will only enlarge on some of the points on the surgical side. A good surgeon is the one who can get along with a very few instruments, but those of the best kinds. Instrument makers, of course, have to make a living, but some of them make an extremely good living, because the newly qualified lay in a large stock of all sorts of instruments which they will never have occasion to use.

And there are some just starting who may even be imposed upon and be induced to buy lavishly because told by the seller that all these articles are essential. Beware of such "good sellers."

You are not going quickly to make a fortune out of medical practice, if ever. You may have a considerable amount of time on your hands at first, especially if you have put up a plate and are sitting in your consulting-room waiting for the longed-for patient. Never let this waiting time be wasted. You will remember that a great deal of what we know of Sherlock Holmes was written when Conan Doyle, as he has humorously said, had a consulting-room, *and* a waiting-room!

Avoid the pitfall of despair. We are not allowed to "tout" for patients—that is the privilege of the unqualified and unregistered—but we do know that our best and legitimate advertisements are in the words of the humble charwoman, our second patient, who went away from our consulting-room to spread the tale in her village: "Now he is a good doctor, he is; why, he cleaned up my haricot ulcer just as if my leg had been a duchess's." A little kindness mixed with a little scientific knowledge in the treatment of a minor ailment goes a long way to ensure success.

And now I have to conclude by wishing those of you who have the final still in front of you success at the examination, and to those recently qualified a first year of practice free from pitfalls, and full of that satisfaction which always goes with work well done.

W. McADAM ECCLES.

MED



I little  
Aseps  
Invad  
My be  
Disor  
Now  
Let n  
But s  
Some  
To m  
Denic

At a  
rith, w  
the fol  
"I  
entitled  
then, t  
you ma  
before  
"If  
studies  
will as  
say wil  
or gene  
"Be  
urge u  
dermat  
You lo  
prior t  
to the  
you ar  
large p  
knowle  
"I v  
I have  
settled  
instru  
dozen  
everyd  
though  
tions w  
needlin  
catarae  
Two p  
comple  
depart  
hand,  
experie  
as bei  
majori  
little s  
"W  
au fait  
yourse  
and ta  
the cot

## MEDITATIONS OF A TONSIL ON BEING DISSECTED.

**I**N that sweet month, the third in utero,  
When entodermal buds did push their way  
Midst mesoblast of branchial arch to grow,  
I little thought the penalty I'd pay.  
Asepsis o'er, the crowding cocci came;  
Invaded they my innermost recess;  
My beauty all destroyed, I became  
Disorganized—an inspissated mess.  
Now must I die: my bleeding home farewell,  
Let not thy tears no thought of morrow bring.  
But stay! My aching heart can picture well  
Some lingual pole from follicle may spring,  
To mock the surgeon who at my dissection  
Denied all future life and resurrection.

RISORIUS.

## ABERNETHIAN SOCIETY.

At a meeting of the Abernethian Society on Thursday, March 11th, with Mr. F. H. K. Green in the Chair, Dr. L. G. Glover delivered the following lecture on "General Practice."

"I suppose that after thirty years in general practice one is entitled to believe that one knows something about it; I propose, then, to occupy a little of your time by discussing with you how best you may fit yourselves for, and later on fight in, the battle that lies before you.

"If you will allow me, I should like to speak first about your studies during the preparation for practice. I suppose some of you will aspire to enter into consulting practice; and what I have to say will, I think, be to some extent applicable to either consulting or general practice.

"Before, then, you start in any form of practice, will you let me urge upon you the wisdom of studying all the special branches—dermatology, eyes, ears and throats, children, and gynaecology. You learn the outlines of medicine, surgery and midwifery, but, prior to graduation, your time may be too occupied for attention to the specialities. You may take it from me that in general practice you are always up against these things; hardly a day will pass in a large practice without it being necessary for you to test your knowledge in one of these special branches.

"I was Ophthalmic House Surgeon in this Hospital in 1894, and I have never had reason to regret that time spent here. When I settled in practice I invested in various pretty knives and other instruments. I was going to see cases of acute glaucoma by the dozen; injuries to the eye with prolapse of the iris would be of everyday occurrence; cataract extractions would occur weekly, though I decided that Harley Street should do those; squint operations would be frequent. Well, I have given the anæsthetic for the needling of a congenital cataract, and one patient has had a diabetic cataract removed, and the subsequent ablation of the same eye. Two patients have had operations for entropion done, and that completes, I think, the operative work in the ophthalmological department of my practice during thirty years. On the other hand, I have done well with spectacle work, and ophthalmoscopic experience is of the greatest use; I commend both of them to you as being interesting as well as bringing grist to the mill. The majority of spectacle cases are perfectly easy if you have given a little study to the subject and gone through a course of 'eyes.'

"With regard to general surgery, you must make yourselves *au fait* with that. In London you may not need to do operations yourself; it will generally pay you better to assist someone else and take over the after-treatment as your responsibility; but in the country you may have to do operations whether you like it or not.

"Minor surgery you will have to do, and your training in aseptic methods will serve you in every department of your work.

"I cannot too strongly urge that each student before going into practice should hold a resident appointment—two or three if he can get them. It is only when you have responsibility that you begin really to mark, learn and inwardly digest what you have previously been taught. May I here put in a word for the study of 'treatment.'

"Diagnosis is necessary; prognosis is quite an interesting and sometimes a very important study; but the laying down of a course of treatment, and prescribing what will relieve the patient is what the latter expects, and for which he is willing to pay his doctor. I am afraid that the bottle of medicine has dropped out of favour; but whether it be the stuff in the bottle or the cheery smile with which you promise your patient he will be relieved of his trouble when he takes it, you will find as a matter of experience that you cannot discard it.

"Learn all you can about drugs, their effects, preparations and doses. Do not forget that the knowledge of them is often the results of clinical experience come down from the days gone by.

"There is nothing new under the sun; we do not give boluses made of animal excreta, or the hearts of lions to make people brave; but I have heard of extracts of liver, spleen and intestines among other as being in the armentarium of physicians who consider themselves up-to-date. It is well to keep an open mind on these matters, and, while trying remedies, to disbelieve a large part of what is said or written about them, whether by commercial firms or medical enthusiasts.

"I should recommend everyone to have and to study the *Extra Pharmacopœia* of Martindale, and also the *British Pharmacopœia Codex*. You will find both these books of the greatest value and help in practice.

"I would like to give a little advice, if I may, on your own mental culture. I strongly urge you, both for your own happiness and not less for the help it is in binding you to your patients, to pursue some subjects outside your science. Whether it be literature or politics, or art or music, or some other branch of science which attracts you, endeavour to follow some line which will make you more human and more companionable to those with whom you associate in your walk through life.

Then, again, if you are to be a success, you must keep yourself up-to-date. In the early years you may have time and opportunity for post-graduate classes; but you must all through make time for reading the medical journals, and if possible the proceedings of learned societies of one kind or another. If you can do so, I urge you to become a fellow of the Royal Society of Medicine. You will then receive its Transactions, and be able to read the papers on new work read at its meetings. You will also get some idea as to who are the coming men, though you will doubtless exercise a wise discretion in this matter, as it is not always the man who talks most in societies and appears to know everything that makes the best consultant when you are in a difficulty.

"I am not going to say much to those who elect to be consultants, except two things:

"*Firstly*.—It is, in my judgment, better to be a first-class general practitioner than a third-rate consultant.

"*Secondly*.—That, unless you have a gift for teaching and research work, and a chance of getting on the staff at a teaching hospital, it may be better to go into general practice.

"I think that this generalization requires some modification with regard to country work, because it is possible to get attached to a country hospital and to do half consulting, half general practice work, and later on in life to drift into pure consulting work.

Well, then, you are going into general practice. You can set up in a house behind your plate or you can enter into partnership. A successful partnership is an excellent thing; but the joy of being your own master all through is, to my mind, better, and I have the experience of both. The disadvantage of being single-handed is the difficulty of holiday or time off duty."

Dr. L. G. Glover, having stressed the need for careful inquiry into the financial side of the prospective partnership, proceeded:

"As to buying a practice right out, I should never advise a young fellow straight out from hospital to do that. If you can make some arrangement of partnership with a view to ultimate succession in a few years' time, well and good; but to buy a practice with a six months' introduction is not for a young man just out of hospital, unless, of course, money is no object to him, and it is a practice, say in a country district, where there is no opposition whatever. It is always to be borne in mind that at the time of a change of doctor

in a practice, many patients will take that opportunity to call in some other practitioner who has been in the neighbourhood for many years and has been an opponent of the practitioner who is selling his business, and you must not think ill of such a brother practitioner, who takes advantage of that situation to enlarge his clientele, providing he does not tout amongst the patients. I do not think we often hear of that kind of thing nowadays.

"The question of running a practice single-handed or in partnership is one upon which it is not easy to generalize; so much depends on the circumstances of the individual doctors concerned, upon the class of practice, the neighbourhood and so forth; so that each case must be decided upon its merits; but I am quite clear in my own mind that I should hesitate a very long time before I would take on any partnership that was not limited in time.

"May I now say a few words about the running of a practice.

"*Firstly* (and this really should come before you enter practice—that is, as soon as you are qualified), it is absolutely essential that you should join one of the medical protection societies, either the London and Counties Medical Protection Society or the Medical Defence Union. Every medical man ought to be compelled to join them, in my opinion, and we should not then have these piteous appeals for subscriptions which occur in the journals from time to time, in order to help some unfortunate man who has been caught out, and who has not had the foresight to protect himself against such occurrences.

"*Secondly*, it is wise for you to cultivate business habits. As professional men we are notoriously unbusiness-like. You must have yourself properly equipped with instruments, diagnostic, as well as those for minor surgery. Then, as a business matter, you must always be ready; you are always on duty, and you must have at your hand all things requisite for emergency. If you are called up at 4 a.m. to a case of bad asthma you must take your adrenalin, morphia and atropin with you, and if you are in London you will ring up the taxi from your bedroom telephone, and in ten minutes from the time your patient has rung you relief will be at his hand, if not already under his skin; but if you have not these things in your armamentarium it will take you ages to ring up the chemist and get them from him. So readiness, promptness and reliability and forethought are the business essentials of the successful general practitioner.

"You are here accustomed and taught note-taking; when you get into practice that must be continued. Probably you will set up a card-index system of some kind; the notes you take will not be quite so elaborate as those you see taken in the hospital; but they must be sufficient to recall to your mind the essential points of the case. I will suggest to you that, if possible, you provide yourself from the outset with folders in which you can keep reports and also correspondence, together with the cards of notes of the patient. If you do not do that, you will later come to find all these in different places and a deal of time is consumed in looking for them.

"*Thirdly*, we come to finance. It used to be the custom for general practitioners to send out their bills at any old time—once a year, or whenever their bank balance was getting low. It is now, I think, fairly universal for the patient to receive his doctor's account every quarter. I always envy our Harley Street brethren, who do a cash-over-the-counter all-one-price business; it must save a deal of trouble—one book only to be kept and no bills to be sent out. Whereas you will keep first a *day book*, wherein you will record thus: 'William Jones, Esq., 17, Run-to-Seed Road, World's End. 1 visit, Mrs., special, night, 3 a.m., £2 2s.' Then this should be copied into a ledger wherein each patient has one page for his account, which at the end of the quarter is added up and sent out; a record of the date on which it is sent and paid is kept in the 'Bill book.' Then of course, there is the bank paying-in book and the cash book, so that there is quite a lot to do in a busy practice in keeping the books. I think it is a good thing to have a fixed fee, so far as is possible. For instance, you should not say to yourself, 'Jones is richer than Brown, though they both live in the same street; I shall charge Jones 15s. and Brown 10s. 6d. per visit.' It is better to fix your charge according to the street or the district or the distance from your house, and fix it at the top; then if some cannot afford that, you can easily give them a rebate. That is charity on your part, whereas if you rob the wealthy man because of his riches, it is robbery on your part, and you cannot justify the practice in a court of law easily. The same remark applies to night visits, detention, confinement, operations and the like. When you settle in practice it is your duty to call on your fellow practitioners, leaving your card if they are out. If you do not do so you are assumed not to have learnt the ordinary courtesies of a

gentleman, and you will be looked at askance by the other medical men of your neighbourhood. Then, when you have got to know your fellow practitioners, it is well that you avoid even the semblance of taking their patients. When a new patient comes to you, you can tactfully elicit why they have come to you, who was their last doctor, and whether they intend to change their doctor. Nothing derogatory of your brother doctor must ever pass your lips; you will hear many criticisms of doctors as you go, and the best plan is to listen and say nothing; still, if the patient persists that he is dissatisfied and is going to change, you can always say, 'Well, so long as you have made it clear to your previous doctor that you do not require his services any longer I can proceed with your case.' As soon as opportunity offers, a polite note from you to that doctor expressing regret that you have had to supplant him, but that only after an assurance that the patient had or would communicate with him, will bring back a courteous reply, and perhaps (as it always should in my judgment) a few notes about the case to help you. I think if you lay down the rule that the patient is the first consideration, the other doctor the second, and your interests come last, you cannot go far wrong. Do not be hurt when a patient leaves you for someone else. If you find they are about to do that, facilitate it by telling them you will give your successor all the information you have about the case. It is a very unpleasant thing to attend people who do not want you or do not like you. As a rule they are not worth keeping, and are better on somebody else's list than yours.

"It often arises with elderly folk that they like to see their doctor and tell him their little troubles, and a regular, periodic visit is a help and guidance to them. You may say it is dull work, that you are not furthering medical science, discovering the cause and treatment of cancer or similar wonders, in wasting your time, looking after such folk. No, you are not doing that; but you are doing something else of great value: you are giving comfort, and you are reading in the book of human nature, and as you get on in life, if you learn your lesson well you will find you have a storehouse full of treasure, wherewith you can enrich your fellow men and help them physically and spiritually along their life's way. It is the tact that comes with experience that is one of the great assets of the successful practitioner. You will always have a word of cheer for the patient, and you need not lie to him either; if he is going to die the next day it is of no use to tell him he is getting on quite well; at the same time you need not stress the hour of his dissolution. I always feel that patients have the right to know the truth about themselves, and if they ask a direct question, a direct answer should be given. Fortunately it is very rare for patients to put the question directly, but I believe direct honesty and truthfulness to be the best way in dealing with patients; the one trouble is that so often one does not know the truth and therefore cannot prophesy. You are asked if the operation is dangerous; you will, of course, reply that all operations needing a general anæsthetic are dangerous, but that there are degrees of danger, and will proceed to further enlighten and comfort your inquirers. What they want you to say is that there is no danger whatever; if you say that, your patient will stop breathing before the surgeon begins and your reputation is completely gone. You and I know there is risk to life in taking an anæsthetic, and there are risks of various kinds attached to operations. I have found it is best to be truthful and to explain things to the patient or his friends; they will then have far more confidence in you and feel that you are helping them to bear the burden of decision, which, of course, in the last instance is theirs alone. With regard to surgery, you have to steer between unwarrantable delay in calling in the surgeon to operate, and in allowing ill-advised attempts at repair of Nature's shortcomings. It is so easy, as a rule, to do an operation; but it is not so easy to say what the patient is going to get out of it. Each case must be considered on its merits, with due regard to the patient's present and future; and from time to time you will find yourself up against an exploratory operation in order to discover what is the matter and what should be done, and it is well in these cases to frankly explain that the operation is to find out what is the matter and to put it right.

"Will you allow me before I close to say a few words about personal appearance. It is not necessary, in these days, to wear a frock coat and a top hat, especially the latter on a car, but it is advisable that the doctor should be tidy and neat about his personal appearance, and he should see that his consulting-room is tidy also. Instruments should be clean and in order. I have heard many a stricture passed against doctors by patients on these matters. One celebrated electrician was criticized by a lady because his apparatus was tied up with string and she thought he was not over-tidy himself.

These little  
extravagan  
an exampl  
pitch. T  
parson an  
think it  
hateful  
their religi  
Never let  
of doctors  
be even d  
"I thin  
necessary.  
living and  
do well; b  
to your p  
in the old  
thysell.  
last; and  
makes it l  
Mr. BA  
lecturer.  
This w  
acclamat

GENTLE  
Twenty-s  
The ye  
activities  
very succ  
Rugby  
looked u  
perhaps,  
Five fi  
the junio  
results.  
The ts  
the Hosp  
losses, a  
settled d  
The b  
Albion, I  
In the  
reached  
The H  
both on  
What  
perform  
Gaisfo  
Our hal  
division  
are a var  
The C  
have be  
experien  
fixtures.  
The o  
in which  
in the a  
Cricket  
and is t  
holding  
Of th  
winning  
the R.A.  
most en  
past me  
reunion  
The 2  
gained f  
Of the  
of R. F

These little things tell, and if one is punctilious without being extravagantly vulgar it is all to the good in general practice. It is an example to others, and it is well to be always tuned up to concert pitch. Then there is another little point: do not cultivate the parson and become the churchwarden or the deacon because you think it will be good for the practice. I think nothing is more hateful than pretence in religious matters. I hope all will practise their religion; but it is a bad thing to use religion to fill your pockets. Never let it be said of you that you gossip. I have heard that said of doctors, and it is not a nice thing, and on occasions gossiping may be even dangerous.

"I think I have, in these cursory notes, said as much to you as is necessary. General practice is hard work, and if you can make a living and give a decent education to your children out of it, you will do well; but it needs a great self-denial on your part. Your relations to your patients and your fellow practitioners are all summed up in the old saying 'Thou shalt love Thy God and thy neighbour as thyself.' That is the motto for the general practitioner—himself last; and I venture to think that if he practises that Gospel and makes it his rule of life, he will not go unrewarded."

Mr. BARNES proposed an enthusiastic vote of thanks to the lecturer.

This was seconded by Mr. W. A. BOURNE, and carried with acclamation by a large and appreciative audience.

## STUDENTS' UNION.

### ANNUAL REPORT OF COUNCIL, 1925-26.

GENTLEMEN,—We have much pleasure in presenting to you our Twenty-second Annual Report.

The year 1925-26 has not been a very eventful one as regards the activities of the Union itself, but as regards the Clubs it has been very successful.

*Rugby Football Club.*—The season now coming to an end can be looked upon as a success from every point of view, except, perhaps, the financial one.

Five fifteens have been fielded regularly, and the Secretaries of the junior teams are to be congratulated on their work and their results.

The 1st XV entered on a fixture list which is perhaps the strongest the Hospital has ever had. At present we have 16 wins against 11 losses, and although we made an indifferent start, the team has settled down in a most encouraging way.

The best performances have been victories against Plymouth Albion, Bradford, Nuneaton and Moseley.

In the Hospital Cup we lost against St. Thomas's Hospital, having reached the semi-final at the expense of London and St. George's.

The Hospital has been unfortunate in losing Row and Fitzgerald—both on the sick list.

What success we have had has not been due to any outstanding performer, but rather to team work.

Gaisford is at present playing better football than two years ago. Our halves, Williams and McGregor, are the mainstay of a back division which is handicapped by a lack of pace. The forwards are a variable quantity, at times being good and at others very bad.

The Club has had bad luck with the gates. The home fixtures have been ruined by the weather and we have consequently experienced some difficulty in meeting our expenses for away fixtures.

The outlook for next season is very encouraging, both in the way in which we have been approached by clubs for fixtures and also in the amount of young material available.

*Cricket Club.*—The Cricket Club has enjoyed a successful season, and is to be congratulated on tying with Guy's in the final, thereby holding the Cup for six months.

Of the other matches 11 were won out of 20 played; the winning matches included the Clubs, Hampstead, Hornsey, Croydon, the R.A.M.C. and the Past Members. The last, as always, was a most enjoyable fixture, and it is hoped that more present as well as past members will come to this match in future to make it a day of reunion of old friends.

The 2nd XI showed considerable improvement and ability. They gained the final of the Junior Cup, but were beaten by Guy's.

Of the 1st XI it must be said that the excellent batting and bowling of R. H. Bettington was responsible for many of their successes,

and he was supported by a good run-making team. High hopes are entertained for next season, as very nearly all last year's team are available.

*Association Football Club.*—The Soccer Club has so far this season been fairly successful. Last season was finished with a win over St. Thomas's in the Senior Inter-Hospital Cup. But the chance of regaining the cup this year has been lost to U.C.H., after we had beaten our old rivals, St. Thomas's, in the first round.

In the Junior Cup the 2nd XI has reached the semi-final without being called upon to play.

Of 13 matches played by the 1st XI, 6 have been won, 4 lost and 3 drawn. The 2nd XI have played 8, winning 4. The charity match against the "Cantels" Sports Association is again being played at Tufnell Park: high hopes are entertained for a good benefit gate for the Hospital.

*The Fives Club.*—The activities of the Fives Club outside the Hospital have this season exceeded any previous record. The fixture list comprises 20 matches as against 10 matches last year.

Of these matches, 13 have already been concluded—9 having been won, 3 lost and 1 scratched. Notable victories in these matches were those over the Bank of England and Cambridge University, which conclusively prove the worth of the Hospital Four.

As regards activities inside the Hospital, there was a record entry of 36 names for the Singles Competition. After some very fast and good play MacKie defeated Cook in the final.

Up to date twelve pairs have entered for the Doubles, but they have not yet been concluded.

*The Rifle Club.*—This Club was again successful in retaining both the Inter-Hospital Cups.

The Armitage Cup was won by a very comfortable margin, but the United Hospitals Cup was only won by a score of 239 against 238 by the London Hospital. This score was an exceptionally high one, being out of a highest possible of 250.

As regards individual performers at the Bisley Meeting, we can boast of providing two Internationals and a first place in the Donegal. One member got into the King's Hundred.

By economies in its normal expenditure the Club has saved sufficient to re-open the miniature range. This can be kept open only if self-supporting. It is therefore up to all interested to help by using it and by encouraging others to do so.

*The Hockey Club.*—The weather once again has been the cause of the scratching of no fewer than seven of the 1st XI matches this year. This has been a serious drawback towards building up a side.

Of the 10 matches played so far this season we have won 5, lost 3 and drawn 2. We have also reached the semi-final of the Inter-Hospital Cup, which we have high hopes of winning this year.

The 2nd XI has also reached the semi-final of the Junior Cup, which we hold, and has had fair success in a much improved fixture list.

The ground at Winchmore Hill has been much improved by the new drainage, although, in common with most hockey grounds, it could hardly be expected to withstand such an abnormally wet season as the present one.

*The Athletic Club.*—The season 1925 proved a very successful one for the Athletic Club. Activities were not confined to Hospital and Inter-Hospital Competitions only, but inter-club matches were arranged as well.

At the Annual Meeting of the Club the attendance was rather larger than usual, the Staff, as usual, warmly supporting the Club.

At our matches with other Clubs we have kept intact an unbeaten record of three years.

No less than six Bart.'s athletes were selected for the University of London. As London won the Championship chiefly due to the efforts of those six, Bart.'s was offered the custody of the Championship Cup.

At the 54th Annual Meeting of the United Hospitals Club we were successful in regaining the Championship Cup lost last year to Guy's. The success was very largely due to the splendid running of the Captain, H. B. Stallard, who was awarded the Victor Ludorum Cup for his fine performance.

The following events were won for the Hospital: 100 yards,  $\frac{1}{2}$ , 1 and 3 miles; hurdles; Victor Ludorum and Challenge Shield. Stallard is to be congratulated on winning the  $\frac{1}{2}$ , 1 and  $\frac{1}{4}$  A.A.A. Championships in successive years.

Griffiths must be mentioned as an outstanding performer at the 100 and 200 yards, which brought him into the circle of first-class athletes.

A large proportion of the Club's success is due to the hard work and enthusiasm of the Secretary, Mr. Hinton, who spared no effort for the Club.

**The Tennis Club.**—In spite of the inclemency of our English weather, the Tennis Club enjoyed a most successful season during the past year.

Seventy-five per cent. of matches were won by the 1st VI and 85 per cent. by the 2nd VI. This, coupled with the fact that in a large proportion of matches a representative side was not available, makes the performance all the more creditable.

The 1st VI reached the final of the 1st Division Inter-Hospitals Cup-tie, but were beaten by Guy's.

The 2nd VI are to be congratulated on winning the Inter-Hospitals 2nd Division Cup, beating King's College Hospital 2nd VI in the final after an exciting match, in which apparently the laurels hung upon the last set.

**The Boat Club.**—The activities of the Boat Club have been entirely restricted to the Inter-Hospitals Challenge Cup and Junior Fours Race.

Training was carried out from the London Rowing Club. The Challenge Cup was lost to Guy's by 4 lengths, the race being rowed in a gale of wind. The Juniors lost to Guy's by  $\frac{1}{4}$  length after a magnificent race.

Considerable difficulty was encountered in raising a regular crew owing to exams. Our thanks are due to Mr. Spence for not only acting as coach, but later as rowing 3 in this race.

The Club won a great race from University College, Reading, by 2 feet. Their thanks are due to Dr. Donaldson for motoring over and acting as umpire.

**Golf Club.**—The Golf Club has had a fairly successful season, although after beating Guy's in the semi-final of the Hospital Cup and tying with St. Thomas's in the final the replay was lost by rather a large margin. The play, however, was of a closer nature than the figures suggested.

The Staff and Student Foursomes was won by Mr. Just and A. E. Barnes after a close struggle with Dr. Graham and C. E. Woodrow. The match against the Staff was won by the Staff by 2 points. In all fairness to the team it should be added that the Staff get a start of 3 holes.

Four Club matches were played, 3 of which were won. C. E. Woodrow won the Hospital Cup, and tied with R. H. Bettington in the Girling Ball Cup.

**Debating Society.**—This Society has held three debates in the present season, which has been principally remarkable for the small number of speakers heard. It is impossible for the Committee to organize interesting meetings without a reasonable variety of debating talent to call upon, and to this end express the hope that hitherto silent members will address the house at ensuing debates. The most successful meeting of the season was that held in conjunction with the Abernethian Society, when the relative importance of the Art and Science of Medicine was keenly debated, resulting in a vote slightly in favour of the Art.

**Abernethian Society.**—During the past year the Abernethian Society has held seven meetings, most of which have been well attended. Three more meetings have been arranged to take place in March.

Four addresses have been given: the Summer Sessional Address by Sir Arthur Keith, F.R.S., on "Something Ancient," in which he gave a very graphic account of various prehistoric skulls; the Inaugural Address was delivered by Sir Anthony Bowlby, Bt., on "Surgical Experiences of Two Wars"; the Mid-Sessional Address was given by Prof. Leonard Hill, F.R.S., on "Ultra-Violet Rays and Health"; and an Address on "Birth Control and Social Progress" was given by Dr. A. S. Tredgold, of the Eugenics Education Society, before a large gathering.

Two Clinical Evenings have been held, both well supported, at which seven cases have been shown.

A Joint Meeting with the Debating Society was held, when a debate on the motion that "This House considers that the patients benefit more from the Art than from the Science of Medicine" provoked animated discussion, the motion being carried by a small margin.

Meetings which have been arranged are: "A Discussion on the Treatment of Hamatemesis," an address by Dr. L. G. Glover on "General Practice," and a terminal address by Dr. Langdon Brown on "Myth, Fantasy and Mary Rose."

This report, Gentlemen, would not be complete without reference to our President, Mr. Girling Ball, whose term of office expires this

year. We wish to thank him heartily for the very valuable aid and untiring interest he has given us. We are sure he will continue to give us his support in future.

We remain, Gentlemen,

M. J. HARKER } Hon. Secs.  
A. C. BELL }

The following officers were elected for the ensuing year:

**President:** Reginald M. Vick, Esq., F.R.C.S.

**Treasurers:** W. Girling Ball, Esq., F.R.C.S., T. H. Just, Esq., F.R.C.S.

**Vice-President:** M. J. Harker, Esq.,

**Council.**—*Constituency A:* R. H. Bettington, J. H. Attwood, C. Wroth, W. E. Underwood, C. B. V. Tait. *Constituency B:* H. L. Hodgkinson, K. W. D. Hartley. *Constituency C:* M. L. Maley.

**Secretaries.**—A. C. Bell, W. E. Underwood.

**Financial Secretary.**—C. Wroth.

## RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. ST. THOMAS'S HOSPITAL.

### Cup-Tie Semi-Final.

The game was played on the Richmond Athletic Ground on March 9th, 1926, in fine weather, but the conditions were marred by a high wind blowing straight down the ground. St. Thomas's were worthy victors by three goals to a penalty goal, although Bart's had the misfortune to lose Gaisford early in the second half. The main impression left on one's mind after the match was that Bart's played infinitely below their real form as exhibited in previous matches, and compared with the Thomas's side they were somewhat "lifeless." On the other hand, Thomas's played above their usual form, as they have scarcely won any of their ordinary fixtures this season, every one of their men going "all out" throughout the match in traditional "Cupper" style.

Archer kicked off for Thomas's against the wind and the ball was carried well into Bart's territory, where Miller, of Thomas's, was "held up" only two feet from the try-line. Bart's relieved the pressure from the ensuing scrummage, but Miller, obtaining the ball on the left wing, made a lot of ground before passing inside. Pittard got back and tackled the man with the ball, but a Thomas's forward, Valentine, dribbled over the goal line for a try, the game having been in progress four minutes. The try was converted by Cooper.

From the kick-off Bart's took the game into the Thomas's twenty-five, where they were awarded a penalty kick for "off-side," Gaisford kicking a goal from an easy position. Soon afterwards MacGregor broke away on the blind side of a scrummage and made at least thirty yards, but there was no one up to support him. Bart's continued to press in the Thomas's twenty-five, and looked like scoring on two occasions, once through a forward rush, and once through Rowe, who was brought down by a magnificent tackle into touch. After twenty minutes' play Bart's were awarded a free kick for feet up, but Gaisford's long kick at goal failed, and this was followed by Bart's having to defend in their own twenty-five, where Thomas's kept up a sustained attack, which was relieved on two occasions by MacGregor kicking into touch. In spite of being helped by a strong following wind, Gaisford, to everyone's surprise, was frequently failing to find touch. The closing stages of the first half were uneventful as far as scoring went, but Thomas's were continually knocking on the door of our defence, the play being almost wholly confined to the Bart's twenty-five.

Half-time score: Bart's, 1 penalty goal (3 pts.); Thomas's, 1 goal (5 pts.).

On the resumption the ball went out to Cooper, of Thomas's, who ran obliquely left, swerved in, and, beating the Bart's defence, scored a try under the goal-posts which he himself converted.

A few moments later Gaisford injured his knee and had to go off the field, Pittard being withdrawn from the scrum to fill the vacant position. Gaisford returned again after a few minutes, but had to retire later for the remainder of the match.

Ten minutes later Cooper repeated his manœuvres and again penetrated the Bart's defence to score under the goal-posts, himself converting.

During the remainder of the game there was no further scoring by either side, but the run of play was mostly in favour of Thomas's.

Vergette played well in defence, going down on the ball to put an end to several formidable forward rushes. Pittard deputized extremely well at full back, his kicking, fielding and tackling being without blemish.

Five minutes from full-time Bart's rallied and commenced to attack, play being carried into Thomas's territory, but they only looked like having a chance to score when MacGregor beat the Thomas's defence and ran forty yards, but again there was no one up with him.

Result: Bart's, 3 pts.; Thomas's, 15 pts.

Team: W. F. Gaisford (*full-back*); A. H. Grace, H. W. Guinness, T. F. Ryan, J. T. Rowe (*three-quarters*); H. MacGregor, T. P. Williams (*half-backs*); R. H. Bettington, J. W. D. Buttery, T. J. Pittard, M. L. Maley, C. R. Jenkins, R. N. Williams, J. A. Edwards, G. L. Colenso-Jones (*forwards*).

#### ST. BARTHOLOMEW'S HOSPITAL "A" v. ST. THOMAS'S "A."

##### Semi-Final Inter-Hospital Junior Cup.

Played at Chiswick on Thursday, March 4th. Two days after our seniors had succumbed to an exceedingly good St. Thomas's side at Richmond, the "A" XV met St. Thomas's "A" on their ground at Chiswick. We felt sure, therefore, that we were up against strong opponents. We also remembered that this side only lost in the final against Guy's, last year by one point. This, though, was not all, as we had lost J. T. Rowe to the 1st, taking the place of Pentreath, who was injured. The ground was in perfect condition, being so firm as to be hard, and a strong wind was blowing as Bourne, having lost the toss, kicked off for Bart's against the wind. It was most encouraging to the team to have the support of Mr. Girling Ball and some twenty-five members of the Hospital on the touch-line.

St. Thomas's attacked immediately, but fortunately for Bart's their handling was not so accurate as that of their seniors had been on Tuesday. The tackling of the Bart's "threes" was good, and the man with the ball was put down hard. The strong cold wind may be the reason why the handling and touch-kicking were, for the most part, bad. Hatton, however, was kicking well, and the mistakes in handling by the "threes" were retrieved by Frederick at full-back. The game had been in progress for twenty minutes when Norrish picked up from some loose play near the Thomas's line and barged his way over for a try near the posts. Robertson converted. Four minutes later McGregor gathered a dropped pass by an opposing "three" and dashed away up the field. When confronted by an opponent he passed in to Underwood, who in turn returned the ball to McGregor, who scored. Robertson failed to convert against the wind. In the remaining time of the first half Thomas's tried desperately to score. Play, though, was not confined to the Bart's "25," relief being obtained at times. In one of these periods Underwood, who was playing finely at scrum-half, cut in himself, drew the full-back and passed to Holmes, who went over the line, only to be recalled for a forward pass.

Soon after the commencement of the second half Thomas's appeared certain to score, but a timely tackle by Fells saved the line. A good mark by Dunkerley, about 35 yards out on the left, nearly added 3 points, but his drop at goal went wide. There had been no score for three-quarters of an hour, when Fells gathered the ball very neatly and ran on with three men in support. His pass out was bad, but Gonin took it on with his feet to score his usual try. Robertson failed to judge the wind with his kick. Soon after this Barling, the Thomas's hooker, was prostrate for a couple of minutes, but was able to resume. The forwards, annoyed perhaps by the blizzard, but more likely by the continual wheeling of the scrums, were charging into the scrum with amazing vigour. Some passing on the left, in which Reynolds made a fine swerving run, took the ball into the Thomas's "25." Dunkerley kicked over the line and beat the Thomas's back to score a try far out. Robertson's attempt from the difficult position hit the cross-bar and rebounded. The final whistle blew immediately afterwards.

Result: Bart's (1 goal, 3 tries) 14 points; St. Thomas's, nil.

Robertson and Reynolds were doing valiant work in the scrum, while Gonin and Holmes were particularly prominent in the open. Bourne made good use of his height in the line-outs.

Though the scrumming must improve, the forwards played well. At scrum-half we have not seen Underwood play so effectively before. He was indefatigable. Hatton was good as his partner, but must make sure that all his kicks find touch. Fells started shakily, but improved as the game progressed. McGregor was a

distinct success in the centre, but his wing must learn to follow him before the team can make full use of him. Dunkerley must watch the ball. We believe he will then have no difficulty in holding his passes. Frederick's fielding was erratic, but the wind was difficult, and after the first ten minutes he was playing with a badly cut hand. He was good at the feet of the Thomas's forwards. All the backs tackled well.

Team: E. V. Frederick (*back*); J. D. Powell, A. McGregor, R. R. Fells, J. T. Dunkerley (*three-quarters*); P. L. Hatton, W. E. Underwood (*halves*); M. Gonin, G. G. Holmes, R. E. Norrish, W. A. Bourne (Capt.), A. F. Alsop, J. Knox, H. D. Robertson, J. B. A. Reynolds (*forwards*).

#### ST. BARTHOLOMEW'S HOSPITAL v. GUY'S.

##### Final Inter-Hospital Junior Cup.

On Thursday, March 18th, on the London Hospital ground at Hale End, St. Bartholomew's won the Junior Rugby Cup by beating Guy's in the final by a penalty goal and a try (6 points) to a try (3 points). Although winning, Bart's disappointed Mr. Vick and some fifty other supporters. We have seen the team play so very much better that it was a pity that it should give its least convincing display in the final. From the kick-off Bart's had the best of their more weighty opponents, and yet they could only score one try. Both the Bart's scores came in the first half, whereas the Guy's try came in the last minute of the match.

Bourne kicked off for Bart's with the wind, and for the first twenty-five minutes play was confined to the Guy's half, and much of it was inside their "25." This was due chiefly to the good work of the forwards in the loose and to the excellent kicking of Hatton. From one of many free kicks awarded to Bart's during this period Bourne kicked a beautiful goal from about 45 yards out. Soon afterwards Dunkerley kicked over the full-back's head, but the ball went dead. Bart's continued to press, but Underwood was handicapped by erratic heeling. After thirty-five minutes, from a scrum on the Guy's line, Reynolds scored a try far out. Bourne failed with the difficult kick. The Guy's "threes" then took the ball into our "25," but could not cross our line.

In the first five minutes of the second half Guy's attacked strongly, and Garland failed with an excellent attempt to drop a goal from 40 yards out. Hatton brought relief with a good kick from a very clever mark. Frederick was playing finely at full back and his tackling was beautiful. In a series of attacks on the Guy's line Powell and Dunkerley only just failed to score. Just on time the ball came out to the Guy's "threes" and went across to the left wing, who scored. Bart's looked on! The kick failed, and the final whistle brought relief to two tired teams.

The forwards may have been exhausted from the many scrums against their heavier opponents, for they only gave occasional flashes of their usual cleverness in the open. Hatton kicked very well, but did not get his "threes" moving in attack. He stood too far away from Underwood. Fells played his best game this season, and tried again and again to correct the direction and speed of the attacks. McGregor could not cut through as usual, but tackled very well. Powell and Dunkerley on the wings also tackled well, and Dunkerley has learned to take his passes. At full-back Frederick was as safe as the proverbial house. He was always in position and fielded well.

We will take this opportunity of congratulating Bourne and his team on their victory in the Cup. They have won the Cup by their immense keenness and training. In defeating London, St. George's, St. Thomas's and Guy's in turn they have scored 81 points to 6.

Team: E. V. Frederick (*back*); J. D. Powell, A. McGregor, R. R. Fells, J. T. Dunkerley (*three-quarters*); P. L. Hatton, W. E. Underwood (*halves*); M. Gonin, W. A. Bourne (Capt.), R. E. Norrish, G. G. Holmes, F. G. Scovell, J. Knox, H. D. Robertson, J. B. A. Reynolds.

#### ASSOCIATION FOOTBALL CLUB.

##### ST. BARTHOLOMEW'S HOSPITAL v. CLARE COLLEGE, CAMBRIDGE.

On February 20th the Hospital were the guests of Clare College at Cambridge, and a very enjoyable game resulted in a draw, each side scoring one. The Hospital, playing with the assistance of a strong wind in the first half, managed to keep the home backs busy, and some chances had been missed before Mailer scored from well out with a

good shot just under the bar. Clare broke away a few times, but only had Bart.'s goal in jeopardy on two occasions, on one of which Jenkinson was injured, and was little more than a passenger for the rest of the game.

In the second half Bart.'s found great difficulty in keeping the ball out of the goal, the Clare forwards showing great dash but poor finish. The bombardment continued, Ward making some fine saves, to be beaten late in the game after Huntley had failed to clear.

The game was fast, robust and enjoyable, though the Hospital forwards talked too much. Ward played his best game this season, and possibly the best he has ever played. All shots came alike, and but for his great display the Bart.'s team must inevitably have suffered a heavy defeat. The defence played strongly under difficult conditions and against a strong team.

*Team:* L. B. Ward, goal; E. N. Jenkinson, J. Huntley, backs; H. W. G. Staunton, E. S. Evans, J. R. Crumbie, halves; A. M. Gibb, W. A. Mailer, W. J. Burgess, I. E. Phelps, A. Clark, forwards.

#### 1ST XI v. LONDON HOSPITAL.

##### *Semi-Final Senior Inter-Hospital Cup.*

Played on St. Thomas's ground at Chiswick on February 25th, Bart.'s were beaten by 3 goals to 1 after extra time. For twenty minutes neither side showed any knowledge of football, although the London team took the man with a commendable quickness not shown by Bart.'s. Soon after this London carried out the only raid which looked like scoring, and Staunton had the bad luck to put through his own goal, thus saving two opponents the trouble and honour. After this reverse the Bart.'s forwards made a fine run, in which nearly all the line participated, and Burgess scored with a good shot. Further efforts just failed. In the second half the forwards feel back and thus lost untold chances. Clark, who was the best of the line, made some good runs, only to be foiled every time, and from one of the kicks given Crumbie made a good shot at goal. In the last minute of ordinary time Huntley was damaged and rendered useless for the rest of the game. From the kick-off of extra time London got their second goal, Ward being hurt and only staying a short while, when Mailer took his place. Bart.'s returned to the attack, but were let down by weak finishing, and in the second half London scored again.

On the day's play the better team won, Bart.'s showing a lack of combination, though when at full strength the defence played fairly well. While congratulating London on their win we can only wish that their tactics had been cleaner.

*Team:* L. B. Ward, goal; E. N. Jenkinson, J. Huntley, backs; H. W. G. Staunton, E. S. Evans, J. R. Crumbie, halves; A. M. Gibb, W. A. R. Mailer, W. J. Burgess, I. E. Phelps, A. Clark, forwards.

#### 1ST XI v. "CENTELS."

This annual charity match in aid of the Hospital was played at Tufnell Park on Wednesday, March 3rd, when the Centels won the Aldwych Cup by beating the 1st XI by 5 goals to 3.

Play was fast and fairly even, though Bart.'s backs often failed to clear properly under pressure. In the first half Stark and Clark were much in evidence with some good runs, but Clark fell off later on. The defence was full of misunderstandings, and these let the Centels have chances which were accepted, the half-time score being 3-1. In the second half the play was more even and Stark had bad luck in not getting hold of two first-timers properly, but atoned later for it with a really hard shot, which the goal-keeper was unable to hold. Two goals for each side were recorded in the second half, and a very enjoyable game finished with the above result.

Burgess, Stark and Phelps scored for Bart.'s.

Mailer played well in goal and the forwards were nicely together, with Burgess a trifle selfish.

Mrs. Edwards, who had kicked off, presented the Cup.

*Team:* W. A. R. Mailer, goal; E. M. Jenkinson, A. Bennett, backs; H. W. G. Staunton, E. S. Evans, J. R. Crumbie, halves; A. M. Gibb, I. E. Phelps, W. J. Burgess, H. Stark, A. Clark, forwards.

Both teams were entertained at the Aldwych Theatre on the night of the match, and spent a very enjoyable evening in excellent company and at an excellent show. We would like to take this opportunity of thanking those responsible for this pleasant evening.

In connection with the above match and with the same laudable aim, i.e. money for the Hospital, a dance was held at Australia House on Tuesday, March 9th. Dancing was continuous, two bands being present, and we must plead guilty to preferring the Bart.'s Band. From the numbers present and the demand for tickets the

dance was a great success, and it is proposed to hold one again next year, when we hope more students will be present.

The exact total of the receipts is not yet to hand, but we understand it is in the neighbourhood of £50.

#### *Other Results.*

With the defence weakened by the loss of Ward and Huntley the scoring against the team has been heavy, for though in three matches the forwards have succeeded in scoring 7 goals, the defence has been pierced on 16 occasions and all three matches lost.

1st XI.—v. St. John's College, Cambridge, home. Lost 2-6.

v. Aegean F.C., away. Lost 3-5.

v. Old Carthusians, home. Lost 2-5.

2nd XI.—Semi-final Junior Inter-Hospital Cup. v. Guy's Hospital, away. Drawn, 2-2.

Replay v. Guy's Hospital, home. Lost 1-2.

#### HOCKEY CLUB.

While not perhaps challenging the high standard of 1923, especially as regards their victory over Sandhurst, the 1st XI have won 7 matches and lost 3 in the course of this season. As 10 matches out of the 22 were scratched owing to appalling weather conditions and unfit grounds they did not get over-much practice. They were further handicapped for most of the season by the loss of Hartley, the centre-half, who damaged his knee and was incidentally a passenger for most of the game against Guy's in the second round of the Cup, which we lost 2-1. In the first round we took 6-1 off Middlesex. The Secretary was a tall tower of strength on every occasion, and the number of certain goals he and Windle saved between them cannot be counted. Attwood did his best for a half line which changed weekly. The forwards ran very fast, but Foster alone seemed to shoot goals, and even he is getting old. Next year's fixture-card is an excellent one, this season's best fixtures being repeated with the addition of a new game against Chatham Navy.

The 2nd XI won the first round of the Junior Cup on a 10-nil basis, but in the second round Guy's managed to secure the odd goal just before the final whistle, winning 2-1. We had three of our better players away. Walsh and Hay looked after the defence, and Tanner was the most conspicuous of a good line of forwards. Sixteen matches were scratched. We hope next year to come back to last season's form.

The 3rd XI only played eight games, but are gradually making themselves felt as a force in the hockey world. W. A. Briggs and G. M. Sinclair have been touring Belgium with the United Hospitals. At the time of going to press we do not know what they did there.

#### ATHLETIC CLUB.

The Annual Athletic Sports will be held on Saturday, May 1st, at Winchmore Hill, and it is hoped that everyone who is at all interested in athletics will enter for events and so make the entry list as large as possible. The list will be found posted on the Athletic Club board in the Abernethian Room.

In 1923 and again last year the Hospital won the Inter-Hospital Shield, and new talent will be required to take the place of those who ran last year and have now left the Hospital in order that we may retain the trophy for yet another season.

#### UNITED HOSPITALS HARE AND HOUNDS.

##### *Inter-Hospitals Cross-country Race—Kent-Hughes Cup.*

This race was held at West Wickham over a 7½ miles course on Wednesday, March 10th, resulting in a win for Bart.'s by 8 points. This is the first occasion on which the Hospital has won this cup for the past twenty years, the last being in 1906.

H. N. Walker (Bart.'s) led the field for the first 1½ miles, followed closely by G. H. F. McCormick (U.C.H.), J. F. Varley (Bart.'s) and R. C. Lightwood (King's). At the end of this distance McCormick took the lead, which he held to within half a mile of the finish, when Lightwood, with well-timed judgment, came to the front to win by 19 seconds.

W. W. Darley (Bart.'s) very sportingly turned out for the Hospital, having just recovered from a severe attack of influenza.

C. S. Wise and J. D. L. M. Savage both ran strongly, showing marked improvement on their previous form of this season.

Owing to King's being unable to field more than four men they were disqualified from the race as a team.

Team scoring was as follows:

	min. sec.
1. G. H. F. McCormick (U.C.H.) . . . . .	44 57
2. J. F. Varley (Bart.'s) . . . . .	45 23
3. H. N. Walker (Bart.'s) . . . . .	46 39
4. I. B. Morris (Guy's) . . . . .	48 1
5. H. G. McComas (Guy's) . . . . .	48 20
6. J. W. Storey (U.C.H.) . . . . .	48 30
7. W. W. Darley (Bart.'s) . . . . .	48 52
8. J. H. Gaddum (U.C.H.) . . . . .	49 31
9. C. S. Wise (Bart.'s) . . . . .	50 5
10. J. D. L. M. Savage (Bart.'s) . . . . .	51 0
11. E. R. Andrews (U.C.H.) . . . . .	51 25
12. M. P. Way (Guy's) . . . . .	51 49
13. G. S. Walker (U.C.H.) . . . . .	54 45
14. R. C. Brock (Guy's) . . . . .	57 25
15. G. W. Rake (Guy's) . . . . .	63 48

Team placings:

1. Bart.'s, 2, 3, 7, 9, 10 = 31 points.
2. U.C.H., 1, 6, 8, 11, 13 = 39 points.
3. Guy's, 4, 5, 12, 14, 15 = 50 points.

#### ROWING CLUB.

ST. BARTHOLOMEW'S HOSPITAL V. READING UNIVERSITY.

This race, which is a new fixture, was rowed at Reading over the Cavesham Reach, at 3.30 p.m. on Saturday, February 27th, and resulted in a win for Bart.'s by the narrow margin of two feet.

This result was indeed a very fine performance, as the Bart.'s crew was of junior standing, and rowing under adverse conditions, in a strange boat, with strange oars, and on water which, though smooth, was very different from that of the tideway. They are to be congratulated on the way in which they rowed and the keenness and zest with which they underwent the arduous of training.

The race, over a course of a mile and one furlong, was a ding-dong affair, each eight at times leading by a few feet, until Bart.'s, just towards the end, with a fine determination and good judgment on the part of stroke, succeeded in catching up and passing their opponents almost at the finishing post.

Owing to the calls of Hospital work upon members of the crew they had not had half the opportunities of their rivals for practice, and so the above-mentioned result is excellent in every way, and augurs well for the annual race against Guy's in May, several members of the crew being free to row in this event.

It is hoped to make this new fixture a permanent one.

Dr. Donaldson, the Vice-President, motored down to Reading to see the race, and his presence on the launch was much appreciated. He also kindly consented to act as starter and umpire.

The crew was constituted as follows: bow, Fraser; 2, Dale; 3, Holbes; 4, Oxley; 5, Thackthwait; 6, Daline; 7, West; stroke, Andraeson; cox, Wyndham Lloyd.

#### REVIEWS.

ANATOMY AND PHYSIOLOGY FOR JUNIOR NURSES. By FELICIE NORTON. (Scientific Press.) Price 1s. 6d.

This little book has the advantage of presenting its facts clearly and concisely, but contains only the minimum of information required for the preliminary part of the State Examination; it presents the bare facts, but does little to show the reasons of the various processes that it mentions, so that it could only be successfully used as a "cram"-book.

HANDBOOK FOR SENIOR NURSES AND MIDWIVES. By Dr. J. K. WATSON, M.D. (Oxford University Press.) 12s. 6d. net.

This book, although it shows considerable evidence of the author forgetting that he is writing for students of nursing, not students of medicine, should prove of great service for that large body of workers who feel the need of more than is contained in a purely nursing manual, but less than is found in the medical and surgical text-books. It is difficult to find any plan in the in- or exclusion of diseases why pneumonia should be given in the Children's but not in the Medical Section, or why nephritis should find no place, whereas the surgical necessities of the kidneys receive full notice. The print is good and clear, and the illustrations well reproduced.

THE CAUSES AND PREVENTION OF MATERNAL MORBIDITY AND MORTALITY. By E. SYDNEY MORRIS, M.B., Ch.M., D.P.H. Prize Essay, *Medical Journal of Australia*, September, 1925.

This essay gives a very interesting description of the factors which determine the incidence of puerperal sepsis. The account of the conditions under which midwifery is conducted in Australia is of great interest, and the statistical tables incorporated are illuminating. The essay furnishes an excellent summary of the ætiological problem in puerperal sepsis. It is very well written, and covers most of the general field. The suggestions for the improvement of the maternal morbidity rate are somewhat similar to those advocated in this country, namely, the more careful training of students in antenatal work and also the establishment of properly staffed maternity hospitals, where men can obtain a large experience of practical work.

The essay is a contribution parallel to Dame Janet Campbell's well-known report, and calls for careful study from all interested in the attack on the modern maternal morbidity rate.

PRINCIPLES OF HUMAN PHYSIOLOGY. By ERNEST H. STARLING. 4th Edition. (London: J. & A. Churchill.) 25s. net.

Another edition of "Starling" has been impatiently awaited by a number of people who have missed its solid support and regretted having to turn to the up-to-date foreigner for information. Though it arrived just after Prof. Lovatt Evans' *Recent Advances*, the two, of course, do not clash in any way, and merely afford an interesting lesson in the adaptation of methods to purpose. *Recent Advances* is exciting; "Starling" is very safe, old and wise.

While no one has ever accused Starling's *Physiology* of radical tendencies, this edition is rather surprisingly conservative in certain departments. For though in various laboratories a great deal of valuable and reliable work has been done in connection with the life-history of red blood-corpuscles, the storage of fats, polygraphic pulse-tracings, labyrinthine reflexes and the extra-pyramidal system, to take some points at random, all of which might, we think, be included in the realms of pure physiology, the accounts given remain serenely unchanged. This is the more surprising, as full and entirely up-to-date descriptions are to be found of conditioned reflexes, capillary circulation, heat formation in muscular contraction, auricular fibrillation, tissue oxidation and the properties of insulin, amongst many other subjects.

But with the new arrangement of the book, which has entailed immense work, we have no quarrel. While there are 46 chapters instead of 21, the number of pages has been reduced by 140, the subject having been pulled together and small type introduced for the more subtle points. The whole outlook strikes one as more balanced and detached. The index has been much clarified.

#### RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

ALLNUTT, E. B., M.C., R.A.M.C. "The Effects of a Sting by a Poisonous Coelenterate." *Journal Royal Army Medical Corps*, March, 1926.

BALL, W. GIRLING, F.R.C.S. "Stricture of the Urethra." *Lancet*, March 6th, 1926.

BROWN, W. LANGDON, M.A., M.D., F.R.C.P. "Discussion on the Clinical Aspects, Treatment and Prognosis of Nephritis." *Proceedings of the Royal Society of Medicine*, February, 1926.

BURROWS, HAROLD, C.B.E., M.B., F.R.C.S. *The Muscular System*. 2nd Edition, 1926. London: The Scientific Press.

COCKAYNE, E. A., D.M., F.R.C.P. "Hypertelorism." *British Journal of Children's Diseases*, October-December, 1925.

DALLY, J. F. HALLS, M.D., B.C.(Cantab.), M.R.C.P. "Case of Hyperpica." *Proceedings of the Royal Society of Medicine*, February, 1926.

—"Demonstration of a New Sphygmomanometer." *Proceedings of the Royal Society of Medicine*, February, 1926.

ELLISON, P. O., M.B., B.S. (and H. LETHBY TIDY, M.D., F.R.C.P., and L. G. WILLIAMS, M.R.C.S., L.R.C.P.). "A Case of Pneumococcal Peritonitis: Recovery without Operation." *Lancet*, February 6th, 1926.

- ELMSLIE, R. C., O.B.E., M.S., F.R.C.S. "Discussion on the Differential Diagnosis of Non-Tuberculous Coxitis in Children and Adolescents." *Proceedings of the Royal Society of Medicine*, August, 1925.
- "Case of Unintentional Arthroplasty of the Hip." *Proceedings of the Royal Society of Medicine*, February, 1926.
- FORBES, J. GRAHAM, M.D., F.R.C.P., D.P.H. "Discussion on the Diagnosis and Treatment of Splenic Enlargement in Children." *Proceedings of the Royal Society of Medicine*, February, 1926.
- GARROD, LAWRENCE P., M.B., M.R.C.P. "On the Action of Certain Alleged Intestinal Antiseptics." *British Medical Journal*, February 27th, 1926.
- GASK, GEORGE E., C.M.G., D.S.O., F.R.C.S. "The Medical Staff of King Edward the Third." *Proceedings of the Royal Society of Medicine*, November, 1925.
- GAUVAIN, Sir HENRY J., M.A., M.D., M.C. "The Organization and Work of a Light Department in a Surgical Tuberculosis Hospital." *Lancet*, December, 1925.
- HADFIELD, GEOFFREY, M.D. (CAREY F. COOMBS, M.D., F.R.C.P., G. H., and G. E. HENSON, M.R.C.V.S.). "A Note on the Endocarditis of Swine Erysipelas and its Relation to the Cardiac Infection of Man." *Proceedings of the Royal Society of Medicine*, February, 1926.
- HALDIN-DAVIS, H., M.D., F.R.C.S. "Case of Lupus Erythematosus." *Proceedings of the Royal Society of Medicine*, October, 1925.
- "Case for Diagnosis (? Mycosis Fungoides)." *Proceedings of the Royal Society of Medicine*, December, 1925.
- HAMER, Sir WILLIAM H., M.D., F.R.C.P., D.P.H. "Discussion on the Control of Tuberculosis and the Milk Supply." *Proceedings of the Royal Society of Medicine*, September, 1925.
- HAMER, Sir WILLIAM H., M.D., F.R.C.P., D.P.H. "Discussion on the Control of Tuberculosis and the Milk Supply." *Proceedings of the Royal Society of Medicine*, September, 1925.
- HAMMOND, T. E. "Treatment of Movable Kidney." *Lancet*, February 13th, 1926.
- HEATH, CHARLES, F.R.C.S. "Meatal Swelling for Diagnosis." *Proceedings of the Royal Society of Medicine*, January, 1926.
- "Case showing Result of Conservative Mastoid Operation." *Proceedings of the Royal Society of Medicine*, January, 1926.
- "Case showing Result of Conservative Mastoid Operation on Both Sides." *Proceedings of the Royal Society of Medicine*, January, 1926.
- HERNIMAN-JOHNSON, F., M.D. "The Treatment of Rodent Ulcer." *Lancet*, February 20th, 1926.
- HORDER, Sir THOMAS, Bart., K.C.V.O., M.D., F.R.C.P. "Discussion on the Treatment of Septicæmia." *Proceedings of the Royal Society of Medicine*, August, 1925.
- HOWELL, B. WHITCHURCH, F.R.C.S. "Discussion on the Differential Diagnosis of Non-Tuberculous Coxitis in Children and Adolescents." *Proceedings of the Royal Society of Medicine*, August, 1925.
- "A Case of Congenital Dislocation of Both Hips." *Proceedings of the Royal Society of Medicine*, September, 1925.
- "Arthrodesis for Relief of Forearm Paralysis." *Proceedings of the Royal Society of Medicine*, September, 1925.
- JAMESON, R. W., M.R.C.S., D.P.H. "Small Pox and Smallpox." *National Review*, July, 1925.
- MAXWELL, J. PRESTON, M.D., F.R.C.S., J.L.(Lin.). "Tumours of the Placenta." *China Medical Journal*, December, 1925.
- "Prolapse and Pregnancy." *China Medical Journal*, June, 1925.
- MCDONAGH, J. E. R., F.R.C.S. "Discussion on the Nature, Prevention and Treatment of Fibrositis." *Proceedings of the Royal Society of Medicine*, November, 1926.
- MYERS, BERNARD, C.M.G., M.D., M.R.C.P. Discussion: "Is the Modification of Cow's Milk Necessary in Infant Feeding?" *Proceedings of the Royal Society of Medicine*, September, 1925.
- "Case of Transposition of Viscera." *Proceedings of the Royal Society of Medicine*, January, 1926.
- "Case of Congenital Cyanosis." *Proceedings of the Royal Society of Medicine*, January, 1926.
- "Case of Amyotonia Congenita." *Proceedings of the Royal Society of Medicine*, February, 1926.
- O'HEA, J., R.N. "Discussion on Tuberculosis in the Services." *Proceedings of the Royal Society of Medicine*, October, 1925.
- POOLEY, G. H., F.R.C.S. "Operative Treatment of the Lacrymal Sac." *Proceedings of the Royal Society of Medicine*, October, 1925.

## CHANGES OF ADDRESS.

- BELL, K. D., Surg.-Comdr. R.N., H.M.S. "Iron Duke," c/o G.P.O., E.C.
- BULL, L. J. F., Pukekohe, Auckland, New Zealand.
- CHATAWAY, J. H. H., c/o Crown Agents, Kenya Colony, B.E. Africa.
- CLAXTON, E. E., c/o Chief Medical Officer, Penang, Straits Settlements.
- COLBY, F. E. A., Little Wood, Sutton Green, Guildford. (Tel. Woking 304.)
- FAULDER, T. J., 71, Harley Street, W. 1. (Tel. Langham 4225.)
- ILLIUS, H. W., Lt.-Col. I.M.S., c/o T. Cook & Son, Ludgate Circus, E.C. 4.
- STOCKER, Maj. E. G., 27, Morrab Road, Penzance, Cornwall.

## APPOINTMENTS.

- ANDERSON, R. G., M.B., B.S.(Lond.), appointed Casualty House Surgeon, Royal Chest Hospital, City Road.
- CHESTER-WILLIAMS, F. E., M.R.C.S., L.R.C.P., appointed House Surgeon at the Queen's Hospital for Children, Hackney Road.
- CLAXTON, E. E., M.R.C.S., L.R.C.P., appointed to Malay Medical Service, Penang General Hospital.
- CROOK, E. A., M.Ch.(Oxon.), F.R.C.S., appointed Surgical Registrar, Charing Cross Hospital.
- ELGOOD, C., B.M.(Oxf.), M.R.C.P., appointed Physician to H.B.M.'s Legation, Tehran, Persia.
- FLOCKTON, P. H., M.R.C.S., L.R.C.P., appointed Junior Resident Medical Officer at the Worcester General Infirmary.
- LEWYS-LLOYD, R. A. V., M.R.C.S., L.R.C.P., appointed House Surgeon, Prince of Wales's Hospital, Cardiff.
- LIESCHING, A. C., M.R.C.S., L.R.C.P., appointed Junior House Surgeon to the West Sussex Hospital, Chichester.

## BIRTHS.

- VINER.—On February 21st, at a nursing home, Watford, to Mona (née de la Mare), wife of Geoffrey Viner, of 27, Queen Anne Street, W. 1—a son.
- WILSON.—On March 11th, at Leatherhead, to Kathleen, the wife of William Etherington Wilson, F.R.C.S.—a son.

## MARRIAGES.

- KILNER-BRENNAN.—On February 23rd, at St. James's Church, Spanish Place, by the Rev. Kenneth Wigg, T. Pomfret Kilner, F.R.C.S., of 56, Queen Anne Street, W. 1, to Florence, widow of Lieut. J. Brennan, Lancs Hussars, and daughter of the late Joseph O'Neill and of Mrs. O'Neill, of Kinsealy Hall, Malahide, co. Dublin.
- LLOYD-ROUX.—On February 27th, at Pretoria, South Africa, Eric I. Lloyd, M.A., M.B., F.R.C.S., third son of John Henry Lloyd, of Birmingham, to Antoinette Marie, only daughter of Mr. and Mrs. Andrew Roux, of Pretoria. (By cable.)

## DEATHS.

- GOSLING.—On March 16th, 1926, suddenly, at his residence, Five-lands, Moseley, Birmingham, Charles Edward Gosling, M.D., fifth son of the late John Hunt Gosling, aged 73.
- OVEREND.—On February 10th, 1926, at St. Leonard's, of heart failure, Walker Overend, M.D.(Oxon), aged 68.

## NOTICE.

All Communications, Articles, Letters, Notices, or books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C. 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. Telephone: City 510.